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Assistant Commissioner for Patents
Washington, D.C. 20231

CERTIFICATE OF MAILING BY "EXPRESS MAIL"

Attorney Docket No. : BEES.001A

Applicant : Paul Marie Gavarini

**For : SYSTEM AND METHODS FOR
FACILITATING BUSINESS-TO-BUSINESS
ELECTRONIC COMMERCE**

Attorney : Ronald J. Schoenbaum

**"Express Mail"
Mailing Label No. : EL512369882US**

Date of Deposit : June 30, 2000

I hereby certify that the accompanying

Transmittal; Specification in 28 pages; 30 sheets of drawings; Information Disclosure Statement, PTO Form 1449 with 5 references; A Preliminary Amendment and a Return Prepaid Postcard are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and are addressed to the Assistant Commissioner for Patents, Washington, D.C. 20231.

DONALD KING

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ASSISTANT COMMISSIONER FOR PATENTS
WASHINGTON, D.C. 20231

ATTENTION: BOX PATENT APPLICATION

Sir:

Transmitted herewith for filing is the patent application of

Inventor: **Paul Marie Gavarini**

For: **SYSTEM AND METHODS FOR FACILITATING BUSINESS-TO-BUSINESS ELECTRONIC
COMMERCE**

This application claims priority to provisional application no. 60/142,287 filed on July 2, 1999 ("prior application").

Incorporation by Reference. The entire disclosure of the prior application is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

Enclosed are the following:

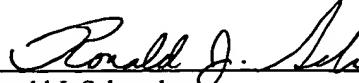
- (X) A copy of the prior application, including 30 sheets of informal drawings, to be used as the present application;
- (X) A Preliminary Amendment;
- (X) An Information Disclosure Statement;
- (X) A PTO Form 1449 listing five (5) references, copies of which are enclosed; and
- (X) A return prepaid postcard.

CLAIMS AS FILED

| FOR | NUMBER FILED | NUMBER EXTRA | RATE | FEE |
|--|-----------------|-----------------|-------|-------|
| Basic Fee | | | \$345 | \$345 |
| Total Claims | 14 - 20 = | 0 × | \$9 | \$0 |
| Independent Claims | 7 - 3 = | 4 × | \$39 | \$156 |
| If application contains any multiple dependent claims(s), then add | | | \$130 | \$0 |

**FILING FEE TO BE PAID
AT A LATER DATE** \$501.00

Please use Customer No. 20,995 for the correspondence address.


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